

1229

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	<u>Yuma</u>	State Index No. <u>44</u>	
District	<u>Arizona</u>	County Registered No. <u>46</u>	
Town	<u>Winkelman</u>	Local Registrar's No. <u>29</u>	
Or City			
BUREAU OF VITAL STATISTICS			
ORIGINAL CERTIFICATE OF DEATH			
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Joseph P. Gibson</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White <u>Indian</u> Black <u>Chinese</u> Mexican	DATE OF DEATH <u>March 9</u> 191 <u>5</u> (Month) (Day) (Year)	
DATE OF BIRTH _____. 191_____ (Month) (Day) (Year)		I hereby certify, that I attended deceased from <u>March 7</u> 191 <u>5</u> to <u>March 7</u> 191 <u>5</u> ; that I last saw him alive on <u>March 7</u> 191 <u>5</u> , and that death occurred on the date stated above at <u>10 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Phthisis Pulmonalis</u> (Duration) <u>1</u> yrs. <u>6</u> mos. <u>---</u> days. Was disease contracted in Arizona? <u>No.</u> If not, where? <u>California</u> CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days. (Signed) <u>M. G. Menden M.D.</u> <u>March 12 1915</u> (Address) <u>Winkelman, Ariz</u> *In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. LENGTH OF RESIDENCE _____ At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds. Former or Usual Residence _____ Filed <u>April 1 1915</u> <u>J. P. Newman</u> Local Registrar Filed <u>Apr 6 1915</u> <u>P. S. Zay</u> County Registrar	
AGE <u>42</u> yrs. _____ mos. _____ days _____ hrs., or _____ min. If less than 1 day _____			
OCCUPATION (a) Trade, profession or particular kind of work <u>Blacksmith</u> (b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country) <u>Texas</u>			
PARENTS			
NAME OF FATHER <u>W. W. Gibson</u>			
BIRTHPLACE OF FATHER <u>Mo</u>			
MAIDEN NAME OF MOTHER <u>Sarah Hanes</u>			
BIRTHPLACE OF MOTHER <u>Texas</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>P. L. Hutton</u>			
(Address) <u>Winkelman</u>			
PLACE OF BURIAL OR REMOVAL <u>Winkelman</u>	DATE OF BURIAL OR REMOVAL <u>March 11 1915</u>		
UNDERTAKER <u>P. L. Hutton</u>	ADDRESS <u>Winkelman</u>		